DECT	A) /A II	ADIE	CODY	•
DEGI	HVHIL	RULL	COPY-	_

PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

Effective October 1, 2000 CH9"= 2000 - 0023									023			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			28		•		R	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE 355.00		OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 00		×	X\$ 9=		OR	X\$18=	194
INDEPENDENT CLAIMS			7 minus 3 =		• 4		×	X40=		OR	X80=	320
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL			TOTAL	1174
TOTAL OR TOTAL 11										THAN		
<u> </u>	<u>.ww</u>					(Column 3)	SMALL ENTITY			OR	SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	. Total	· 26	Minus	.7	8	= /	×	<b>9</b> =		OR	X\$18= <i>,</i>	
AME	Independent	· M	Minus	***	7_			40=		ÓR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	٠	1. FEE		•	ADUN. FEE	
AMENDMENT B	, · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent	• NTATION OF MI	Minus	ENDENT	CLAIM	=	х	40=		OR	X80=	
L	PINOT PRESE		JENFEE DEF	ENDEN	OLAM	<u> </u>	+1	35=		OR	+270=	
							ADD	TOTAL T. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C	. :	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	X	9=		OR	X\$18=	7.
	Independent		Minus	***		-	X	40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>!</b>	05			1070	
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												